

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUN 29 2010 ★

Full name of plaintiff/prisoner ID#

Melvin Baez Plaintiff,

-against-
Sergio MAJURI
Badge # 2396

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

JURY TRIAL DEMAND
YES ☒ NO ☐

BROOKLYN OFFICE

COGAN, J.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

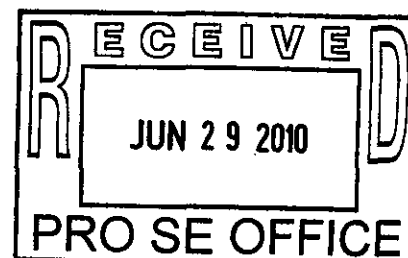
1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____



4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: MDC, BKlyn, P.O. Box 329002, Bklyn, NY, 11232

A. Is there a prisoner grievance procedure in this institution? Yes () No (☒)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I'm in a different jurisdiction from the office that assaulted me, it's state not fed.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I've spoken with doctors and sickle personal

2. What was the result? It's on record, on what happened to me in 1909.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Melin Baez

Address MDC, Bklyn, p.o. Box 329002, Bklyn, NY 11232

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.
Plaintiff must provide the address for each defendant named.

Defendant No. 1

Sergio MAJURI badge #2396
120 Precinct, from
Staten Island, Warrent Squad.

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

I, was placed under arrest, by three detectives from, Staten Island, Warren Swael, ON 1-9-09. Sergio MATURI, Mathew CORONEL, Michael Bennett. on a false arrest. While in front of my home, and being arrested while in handcuff, Sergio MATURI, #2396 Kicked me, Melvin Baez, in my left eye several times while cuffed on the ground. Assault, happened IN front of 869 70th Street, Bklyn, NY 11228. I did not resist arrest, at no point in time. I WAS ordered down by MATURI, and I complied.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I, lost partial eye site, lost oval shape in my eye, IN need of glasses because of impact. ALSO I don't sleep at night, cause of the assault. I see a sike once in a while. I, catch Flash back's time to time. I SAW a eye doctor and I'm seeing a sike due to the impact and flashbacks.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I would like to see this detective fired, and
I'm seeking money damages for all that I lost.
Due to the unjustified attack by this detective.

I declare under penalty of perjury that on 6/27/10, I delivered this
(Date)

complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 27 day of JUNE, 2010. I declare under penalty of
perjury that the foregoing is true and correct.

Meh Bae
Signature of Plaintiff

MDC Brooklyn
Name of Prison Facility

MDC Bklyn
P.O. Box 329002
Bklyn, NY 11228
Address

77082-053
Prisoner ID#